

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration Center for Mental Health Services

Guidance for Applicants (GFA) No. SM 02-016 Part I - Programmatic Guidance

**Targeted Capacity Expansion: National Technical Assistance Center for the
Mental Health Services Needs of Older Adults**

Short Title: Older Adult Technical Assistance

Application Due Date: August 8, 2002

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Agency

The Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS).

GFA No. SM 02-009 was unaffected by the withdrawal of the **Group II** component for the National Technical Assistance Center. The awardees for the Targeted Capacity Expansion Program **Group I** initiative of GFA No. SM 02-009 will be referred to hereafter as **Group I** Awardees.

For reference, GFA No. SM 02-009 was published in April 2002 and remains available in downloadable format on the SAMHSA website, www.samhsa.gov. Look under the "Grant Opportunities" section.

Action and Purpose

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS), announces the availability of fiscal year (FY) 2002 funds for increasing service capacity for older persons with mental health needs.

One type of award will be made under the current announcement for a **National Technical Assistance Center** for the Mental Health Needs of Older Adults. The **National Technical Assistance Center** will identify, synthesize and disseminate the knowledge base for mental health outreach, prevention, early intervention, assessment, and treatment services for older persons.

Annual awards will be made subject to continued availability of funds and progress achieved by the National Technical Assistance Center awardee. Given the importance of reserving resources for only those programs that are most likely to be able to document program outcomes by the end of Year 3, careful review of products delivered will be completed by the Government Project Officer (GPO) at the end of Years 1 and 2. Only those programs that have completed all required products to the satisfaction of SAMHSA/CMHS program staff at the end of Years 1 and 2 will be renewed for Years 2 and 3.

Who Can Apply?

It is estimated that a total of \$900,000 will be available to support one award in FY 2002. Actual funding levels will depend on the availability of public and private nonprofit entities. Support may be requested for a period of up to 3 years (in three budget periods of 1 year each).

Eligibility to apply for the **National Technical Assistance Center** will be limited to domestic public and private nonprofit entities. For example, the following are eligible to apply:

This announcement is a reissue of the Group II portion of GFA No. SM 02-009 which was withdrawn on June 17, 2002 (see Federal Register

- o State agencies or departments.
- o County agencies.
- o City agencies.
- o State regional agencies.

Volume 67, Number 116, page 41254 for notice of Indian tribes or tribal organizations (as defined in this program withdrawal). The **Group I** initiative of Section 4(b) and Section 4(c) of the Indian Self-determination and Education Assistance Act).

- C Private, not-for-profit agencies.
- C Public or private universities.

program. It is different for each GFA. **This document is Part I.**

States are defined in Section 2 of the PHS Act and include, in addition to the 50 States, the:

- C District of Columbia.
- C Guam.
- C Commonwealth of Puerto Rico.
- C Northern Mariana Islands.
- C Virgin Islands.
- C American Samoa.
- C Trust Territory of the Pacific Islands (now Palau, Micronesia, and the Marshall Islands).

Part II - Has general policies and procedures that apply to nearly **all** SAMHSA grants and cooperative agreements. Please refer to the section on Special Considerations and Requirements included in this document for a listing of policies in Part II that are relevant to this cooperative agreement program.

You will need to use both Part I and Part II to apply for this program.

To get a complete application kit, including Parts I and II, you can:

Interested parties who do not meet these criteria, are encouraged to partner with an agency or organization that is eligible to apply as the lead agency.

Call the SAMHSA/CMHS Knowledge Exchange Network (KEN) at:
Voice: 1-800-789-2647

Applicants are encouraged to form partnerships with consumer, family, and consumer-supporter groups who are focused on the needs of older persons, both in the areas of mental health and the general issues of aging.

8:30 a.m. to 5:00 p.m. e.s.t.

TDD: 866-889-2647

Fax: 301-984-8796

E-mail: ken@mentalhealth.org

Write: P.O. Box 42490

Washington, D.C. 20015

Web site: www.mentalhealth.org

Applicant organizations who applied for a **Group I** award under the program described under GFA No. SM 02-009 **cannot apply as the applicant organization for the Technical Assistance Center under this announcement.**

or

Download the application kit from the SAMHSA web site at www.SAMHSA.gov Click on "Grant Opportunities." **Be sure to download both the Part I, the GFA, and Part II, the blank form PHS 5161 to make a complete application kit.**

Application Kit

SAMHSA application kits include two parts: Part I, the Guidance for Applicants (GFA) and Part II, the blank form PHS-5161 (revised July 2000) needed to apply for an award.

For questions about elements in Part II of the application kit you may consult the website, www.samhsa.gov, click on "Grant Opportunities," then click on "Assistance with Grant Applications."

Part I - Provides information specific to this

Where to Send the Application

Send the original and two copies of your application to:

SAMHSA Programs

Mr. Ray Lucero
SAMHSA Referral Officer
Division of Extramural Activities, Policy, and Review
Substance Abuse and Mental Health Services Administration
Parklawn Building Room 17-89
5600 Fishers Lane
Rockville, MD 20857

*Change the zip code to 20852 if you use express mail or courier service.

Please note:

- 1) Be sure to type: "GFA# SM 02-016, Targeted Capacity Expansion: National Technical Assistance Center for the Mental Health Services Needs of Older Adults" in Item Number 10 on the face page of the PHS 5161 application form.
- 2) If you require a phone number for delivery, you may use (301) 435-0715.
- 3) **All applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.**

Your application must be received by August 8, 2002.

Applications received after this date must have a proof-of-mailing date from the carrier on or before August 1, 2002.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on program issues, contact:

Betsy McDonel Herr, Ph.D.
Government Project Officer (GPO)
Center for Mental Health Services
SAMHSA
Room 11C-22 Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
Phone (301) 594-2197
Fax (301)443-0541
E-mail: bmcdonel@samhsa.gov

For questions on grants management issues, contact:

Stephen Hudak
Grants Management Officer
Division of Grants Management
Substance Abuse and Mental Health Services Administration
Rockwall II, Room 630
5515 Security Lane
Rockville, MD 20852
Phone (301)443-9666
E-mail: shudak@samhsa.gov

Application Date

Grants and Cooperative Agreements

The **National Technical Assistance Center Award** will be awarded as a cooperative agreement, because it requires substantial ongoing participation on the part of the GPO for this program. The National Technical Assistance Center is expected to work closely with the GPO and associated Federal staff, as well as the **Group I** Awardees for the TCE program to ensure the success of this new program.

Role of Federal Staff in this Program

- C Provide the Federal interpretation of the provisions of the GFA.
- C Monitor the overall progress of the program sites.
- C Provide technical assistance to **Group I** program sites regarding the implementation of the project plans in collaboration with the National Technical Assistance Center for this initiative.
- C Provide consultation in collaboration with the National Technical Assistance Center, as appropriate, to TCE **Group I** Awardees on the design and implementation of the evaluation plans, including the collection of data required by the *Government Performance and Results Act* (GPRA; see Appendix IV).
- C Provide guidelines for submission of annual and final financial and other required progress reports.

- C Provide consultation on the development of tools and other products accruing from the project.
- C Conduct site visits as needed to monitor the implementation of the program plans and evaluation activities.
- C Work with the National Technical Assistance Center to convene annual national meetings of the Program Directors and Evaluators for sites.
- C Collaborate with the National Technical Assistance Center in interpreting the results of the evaluations from the **Group I** awardee sites, and in developing the publications of program findings, program products, and other dissemination activities.
- C Supply the **National Technical Assistance Center** with knowledge products from other SAMHSA-funded projects on the mental health services needs of older adults for the purpose of dissemination by the center.

Role of the National Technical Assistance Center in this Program

- C Comply with all aspects of the Terms and Conditions of the cooperative agreement.
- C Consult with the GPO, and obtain prior written approval from the GPO on significant modifications or adaptations of the project plan.
- C Coordinate and attend an annual 2-day national meeting of program sites to be held in Washington, D.C.
- C Use the technical assistance that will be provided by SAMHSA/CMHS staff in post-award activities.

- c Facilitate and implement the meaningful participation of consumers and family members in the planning and implementation of the National Technical Assistance Center activities. partners, as designated by the GPO, regarding evidence-based practices to promote, knowledge products to disseminate, evaluation practices, site visits, and acceptance of technical assistance.
- c Be responsive to requests from **Group I** awardees for the TCE program for information and technical assistance. c Cooperate with SAMHSA and its partners, as designated by the GPO, in responding to requests for information relevant to the cooperative agreement.

Funding Criteria

- c Disseminate information about the activities and evaluation findings of the program through publications, presentations at conferences, collaborations with the **Group I** program sites, and other stakeholders across the Nation to make the findings available to the field. Decisions to fund a cooperative agreement under this announcement will be based upon:
 - c The overall technical merit of the application, as determined by the Peer Review Committee and concurred to by SAMHSA's CMHS National Advisory Council.
 - c Availability of funds.
- c Agree to provide SAMHSA with summary data required for the *Government Performance and Results Act* (GPRA; see Appendix IV) gathered from the sites and to provide technical assistance to **Group I** awardee program sites in collecting and reporting these data for their sites. The National Technical Assistance Center will coordinate data collection, perform aggregate data analyses, and prepare an interim and final report using the GPRA outcome data generated by all **Group I** awardees. The awardee for the *Targeted Capacity Expansion: National Technical Assistance Center for the Mental Health Services Needs of Older Adults* program will be required to:

Post-award Requirements

- c Provide the GPO with data relevant to the performance of the National Technical Assistance Center, as needed, in order to meet GPRA reporting requirements. c Comply with the GFA requirements and the Terms and Conditions of Awards.
- c Coordinate and participate in awardee teleconferences to be called by Federal representatives on an as-needed basis. c Provide financial status reports, as required in the PHS Grants Policy Statement.
- c Comply with direction from SAMHSA and its partners. c Submit an annual report summarizing:
 - < Project progress and accomplishments.
 - < Changes in key personnel.
 - < Problems encountered and how they were

addressed.

- < Alterations in approaches utilized.
- < Proposed plans for the next budget period.
- < A proposed budget and budget justification for the next budget year.

problems if they are co-occurring with a serious mental illness and if these persons are also receiving services for their mental illness, if needed. Services provided to persons in institutional settings, such as nursing homes, or to persons at high risk for placement in institutional settings should aim to help older persons maintain independence and to provide care in the least restrictive setting possible.

- C Submit a final report at the end of the project summarizing:

- < Project findings and accomplishments.
- < Lessons learned.
- < Manuals, protocols, or other tools and resources developed as implementation guides.
- < Implications for services.
- < Results of the evaluation.

The TCE program may include services to caregivers and family members if these services are given in addition to, but not in lieu of, direct services to older persons.

Consumers and Family Members

- C Comply with the Government Performance Results Act (GPRA) reporting requirements for core client outcome measures by collecting these data from **Group I** program sites and summarizing them in annual reports and in a final report to the GPO. (see Appendix IV for GPRA measures). Provide the Government Project Officer (GPO) with GPRA data relevant to the performance of the **National Technical Assistance Center**.

For the purpose of this initiative, consumers are defined as persons aged 65 years or older who have received or are receiving mental health services. Family members are defined as relatives of older persons who are or have been mental health services consumers. Guidelines for consumer and family participation are given in Appendix III of this GFA.

- C Agree to participate in post-award technical assistance activities (if funded).

Program Overview: Targeted Capacity Expansion Award for a National Technical Assistance Center for the Mental Health Services Needs of Older Adults

Target Population

For the purposes of this initiative, the target population is defined as persons who are 65 years and older who are in need of mental health services (early intervention and treatment) or who are at risk for mental health problems and who might benefit from prevention services (see Appendix I for these and other relevant definitions). Persons with substance abuse problems may be treated for these

The **National Technical Assistance Center** awardee will provide technical assistance and evaluation consultation to entities interested in implementing evidence-based mental health

outreach, prevention, early intervention, and/or treatment services targeted to persons 65 years and older. The **National Technical Assistance Center** Awardee under will give priority assistance to the **TCE Group I** awardees in order to help these grantees achieve their program goals. However, technical assistance should also be made available to other entities across the Nation. (Resource information on mental health services for older adults is given in Appendix II.)

evidence-based practices. These implementation aids and manuals will be made available to **Group I** Awardees, as well as to providers, administrators, quality improvement specialists, evaluators, and consumers across the Nation, who are interested in implementing evidence-based mental health practices for older persons, including outreach, assessment, prevention, early intervention, and treatment.

In order to meet the objectives under this initiative, applicants must engage in each of the following activities:

- c Provide information and technical assistance to **Group I** Awardees. This includes providing updated information about evidence-based services, as well as ongoing consultation and coordinating support to assist in the implementation of evidence-based mental health practices for older persons at the program sites. The Technical Assistance Center will provide consultation and assistance to **Group I** awardee program sites in evaluation efforts and in dissemination of program products and findings. The Technical Assistance Center will hold an annual meeting of **Group I** awardees.
- c Prepare a policy analysis report about the funding barriers experienced by providers of established evidence-based mental health services to older persons. To complete this policy analysis, the **National Technical Assistance Center** must collect relevant information from the literature, from **Group I** awardees, from federal agencies, from other providers, and from key informants across the Nation.
- c Assist in the dissemination of knowledge products acquired from SAMHSA-funded projects on the mental health needs of the older adults. These knowledge products will be made available to the **National Technical Assistance Center** by the GPO.
- c Be a resource to multiple stakeholders across the country who are focused on services for older persons. This includes disseminating materials on evidence-based practices, materials and manuals to support implementation efforts, information about funding practices, and findings and products from other SAMHSA-funded projects on older adult mental health services.
- c Collect, analyze, and report GPRA data from **Group I** Awardee sites. The Technical Assistance Center will summarize these data in interim and final reports to the GPO.
- c Collect, synthesize, and disseminate the knowledge base for mental health outreach, prevention, early intervention, assessment, and treatment services for older adults.
- c Conduct an evaluation of the performance of the **National Technical Assistance Center**. Provide an evaluation plan that will provide reliable and valid information about the impact
- c Identify and/or develop materials that will facilitate the faithful implementation of

that the activities of the National Technical Assistance Center has had on helping stakeholders across the nation and on **Group I** awardees to better provide evidence-based mental health services to older adults. Approximately 10% of the total award is to be used to conduct this evaluation.

- c. Provide the GPO with GPRA data relevant to the performance of the National Technical Assistance Center. These data include obtaining information from stakeholder consensus panels about the quality and satisfaction with materials generated by the National Technical Assistance Center for dissemination; data on the amount of technical assistance provided; and data on the number of programs the National Technical Assistance Center has helped to implement evidence-based services for older adults.

Quality improvement activities and mechanisms to improve outcomes and to increase service accessibility are supported under this initiative. This may also include efforts to reduce the disparities in access to mental health services among subpopulations such as racial/ethnic minorities, persons in rural settings, and persons with mental illness who have co-occurring substance abuse or physical disorders.

- 3. **To engage in the building of system infrastructure that will support the increased amount, quality, and accessibility of services to older persons.** Expanded infrastructure can include consensus building among key stakeholders, community outreach and education, quality improvement activities, social marketing, the inclusion of consumer and family participation in service development and evaluation activities, and the building of service linkages among providers. Infrastructure development activities alone, without the parallel implementation of services, will not be supported by this grant mechanism.

The technical assistance provided to the **Group I** awardees must reflect the three programmatic goals of that program:

- 1. **To increase existing services, or to develop and implement new mental health prevention, early intervention, and/or treatment services targeted to persons 65 years and older.** Services to be implemented should be supported by a strong evidence base. Applicants may target specific subpopulations of older persons with particularly high needs within their communities, such as racial/ethnic groups, persons in rural areas, or persons with mental illness who have co-occurring substance abuse disorders or physical disorders.
- 2. **To improve the quality and accessibility of mental health services to older persons.**

For additional detail on program goals and requirements for **Group I** awardees please refer back to GFA No. SM 02-009.

Detailed Information on What to Include in Your Application

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

1. FACE PAGE

pages.

Use Standard Form 424, which is part of the PHS 5161-1. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

G Section A - Understanding of the Problem

G Section B - Implementation, Coordination and Dissemination Plan

Note: When entering the amount of Federal funds requested on the face page, be sure to include the total amount (direct and indirect costs) for the first year of the award only, not the entire grant period of three years.

G Section C - Evaluation Plan, Data Collection, and Analysis

G Section D - Project Management and Staffing Plan, Equipment, Facilities, and Resources

' 2. ABSTRACT

The support documentation for your application is made up of Sections E through H. There are

Your total abstract may be no longer than 35 lines (single space 12 point or higher font).

no page limits for the following sections, except for Section H, the Biographical Sketches/Job Descriptions.

In the **first five lines or fewer** of your abstract, write a summary of your project that can be used in publications, reports to Congress, or press releases, if funded.

G Section E - Literature Citations

This section must contain complete citations, including titles, dates, publication source, and all authors for any literature you cite in your application.

' 3. TABLE OF CONTENTS

Include page numbers for each major section of your application **and** for each appendix.

G Section F - Budget Justification, Existing Resources, Other Support

' 4. BUDGET FORM

Use standard Form 424A. See Appendix B in Part II for instructions.

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

' 5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION

G Section G - Biographical Sketches and Job Descriptions

These sections describe your project. The Project Narrative is made up of Sections A through D. **More detailed information of Sections A through D follows #10 of this checklist.** Sections A through D may be no longer than 30

S Include a biographical sketch for the Project Director/Principal Investigator, and for other key positions including Evaluation Staff,

Data Analytic and Data Management staff, Project Coordinator and Administrative staff, Communications staff, and Trainers. Each sketch should be no longer than **two pages**. If the person has not been hired, include a letter of commitment with the sketch.

- S** Include job descriptions for key personnel. They should be no longer than **one page**.

- S** *Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.*

G Section H - Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address in this section are outlined after the *Project Narrative/Review Criteria–Sections A Through D Detailed* section of this document.

6. APPENDICES 1 Through 6

- S** Use only the appendices listed below.
- S** **Do not** use appendices to extend or replace any of the sections of the Project Narrative. (Reviewers will not consider them if you do.)
- S** **Do not** use more than **40 pages** (plus all instruments) for the appendices.

Appendix 1: Completed Certification of Eligibility. Eligibility requirements are specified in Part I of the GFA, in the section entitled “Who Can Apply?”

Appendix 2: Letters of Support from Persons and Organizations Who Will Provide Support to the Project (including

Collaborative Commitments, Memoranda of Understanding, Interagency Agreements, In-kind Contributions, Commitments from Consultants or Contractors, etc.)

Appendix 3: Non-supplantation of Funds Letter.

Appendix 4: Data Collection Instruments/Interview Protocols

Appendix 5: Sample Consent Forms.

Appendix 6: Documentation of Coordination with Federal/Non-Federal Programs

7. ASSURANCES

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1.

8. CERTIFICATIONS

Use the “Certifications” forms which can be found in PHS 5161-1.

9. DISCLOSURE OF LOBBYING ACTIVITIES

Use Standard Form (SF) LLL and (SF LLL-A, if needed) which can be found in the PHS 5161-1. Please see Part II for information on lobbying prohibitions.

10. CHECKLIST

See Appendix C in Part II for instructions.

Project Narrative/Review

Criteria– Sections A Through D Detailed

Your application for the **National Technical Assistance Center** award consists of responses to Sections A through H. **Sections A through D, the Project Narrative parts of your application, describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through D:

- T** Sections A through D may be no longer than **30** pages.
- T** A peer review committee will assign a point value to your application based on how well **C** you address these sections.
- T** The number of points after each main heading shows the maximum points a review committee **C** may assign to that category.
- T** Reviewers will also be looking for plans to address cultural competence. SAMHSA defines cultural competence as a set of behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences among people. (See Appendix II in this GFA for Resources on Cultural Competence.) **C**

- < Numbers and sociodemographic characteristics of older individuals with mental illness.
- < The types of illnesses and categories of comorbidity that are most prevalent.
- < Patterns of service use, needs, barriers to care, and funding for care.
- < Regional differences.

- C** Knowledge of the evidence base for screening, assessment, outreach, prevention, early intervention, and treatment services for persons 65 years and older.
- C** Knowledge of provider expertise and availability needed to provide evidence-based services for older adults.
- C** Understanding of the types of program implementation problems that the **Group I** awardee program sites are likely to experience as they enhance the capacity to provide mental health services to older persons. Describe the types of technical assistance that the **Group I** awardees are likely to need when implementing these services.
- C** Understanding of the types of assistance **Group I** awardees will need to conduct their local program evaluations and to collect GPRA client outcome data.

Section A: Understanding of the Problem (20 points)

Applicants should describe their understanding of the objectives for the National Technical Assistance Center. Demonstrate:

- C** Familiarity with the problems of providing mental health services to older persons in terms of:

- C** Understanding of the cross-site collection, analysis, and reporting of GPRA client outcome data from **Group I** program sites to be performed by the Technical Assistance Center.

Section B: Implementation, Coordination, and Dissemination Plan (35 Points)

Applicants should describe an implementation plan for the National Technical Assistance Center that includes the following components:

- | | |
|---|--|
| <p>C Describe how technical assistance will be offered to Group I awardees on an ongoing and as-needed basis. Address areas of delivering program information and providing consultation on implementation, evaluation, and dissemination activities.</p> | <p>C Provide a plan for making all knowledge products, manuals, implementation resources, policy reports, information on evidence-based practices, products developed from the Targeted Capacity Expansion program, and knowledge products from other SAMHSA-funded projects on older adult mental health services provided by the GPO available and accessible to the Group I Awardees and to stakeholders across the Nation who are interested in implementing evidence-based services for older persons.</p> |
| <p>C Propose plans for helping Group I awardees to collect GPRA data and to achieve the required 80 percent response rate. Describe how these data will be summarized in interim annual and final reports to the GPO.</p> | <p>C Provide a plan for providing training, workshops, presentations, conferences, and expert consultation to parties interested in adopting evidence-based screening, assessment, prevention, treatment, and outreach.</p> |
| <p>C Provide a plan to synthesize and disseminate the knowledge base for mental health assessment, screening, outreach, prevention, early intervention, assessment, and treatment for older persons.</p> | <p>C Propose methods and plans to include older persons who are consumers of mental health services and their family members in the planning and implementation of activities to be completed by the National Technical Assistance Center.</p> |
| <p>C Propose plans to identify existing manuals and service implementation resources and to develop and refine new materials and resources that will be used by others to facilitate the faithful implementation of evidence-based services for older persons. Describe how these resources will address the needs of multiple stakeholder groups, including providers, administrators, quality improvement specialists, evaluators, and consumers.</p> | <p>C Propose plans for coordinating and conducting an annual meeting of Group I awardees. This 2-day meeting is to be held in the Washington D.C., area and will include participation by the GPO and other Federal partners designated by the GPO. The National Technical Assistance Center awardee must identify and pay travel expenses for two older persons who are or have been consumers of mental health services and one family member to participate in each annual meeting. Attendance at these annual meetings is required for the Program</p> |
| <p>C Propose plans to document and prepare a policy analysis of funding barriers for established evidence-based practices for older adults. Describe how input about funding barriers will be collected from Group I Awardees and from other sources in the field</p> | |

Director of the National Technical Assistance Center. Travel expenses for the Program Director and Evaluator from each **Group I** awardee program site will be funded by the **Group I** awardee. The National Technical Assistance Center must include all other expenses for the annual meeting budget.

Provide specific evaluation questions to be examined and hypotheses to be tested, if appropriate.

- c A description of plans for preparing interim and final reports, conference presentations, and publications. Describe other means of disseminating the activities and products of the National Technical Assistance Center, such as establishing a web site and a toll-free number.

- c Describe the data collection plan, including:
 - < Sources of data.
 - < Data management and quality control.

- c A description of how consumers and family members will contribute to the dissemination of materials and resources generated by the National Technical Assistance Center.

- c Describe the analytic methods to be used.

Indicate whether and how qualitative methods will be used.

- c A description of how the public will be made aware of the resources available through the National Technical Assistance Center.

- c Discuss how consumers and family members will participate and contribute to the monitoring of the performance of the National Technical Assistance Center.

- c Provide evidence that the proposed evaluation plan is sensitive to age, gender, sexual orientation, race/ethnicity, and other cultural factors related to the target population and, as appropriate, to the community to be served.

Section C: Evaluation Plan, Data Collection, and Analysis (20 points)

For the cross-site evaluation plan of **Group I** program sites using GPRA data only:

In this section, applicants should provide two evaluation plans. One plan is for conducting an evaluation of the activities of the National Technical Assistance Center. The second plan is for conducting a cross-site evaluation of **Group I** program sites, using GPRA data.

- c Discuss how SAMHSA/CMHS core client GPRA outcome measures (see Appendix IV) will be collected, stored, and analyzed for the program sites. Describe how the results will be organized into an annual interim reports and a final report.

The following apply to both evaluation plans:

For the Technical Assistance Center Evaluation plan only:

- c Summarize the plan for evaluating the proposed implementation and impact of program activities.

- c Describe plans for monitoring and ensuring the quality of implementation of activities of the National Technical Assistance Center.

- | | |
|--|--|
| <p>Discuss how data relevant to the performance of the National Technical Assistance Center and to the collection of data relevant to GPRA requirements for the National Technical Assistance Center's performance will be collected and made available to the GPO through quarterly and annual reports. These data include obtaining information from stakeholder consensus panels about the quality and satisfaction with materials generated by the National Technical Assistance Center for dissemination; data on the amount of technical assistance provided; data on the number of programs the National Technical Assistance Center has helped to implement evidence-based services for older adults; and other data as requested by the GPO, as needed.</p> | <p>Documentation of the capability and experience of the applicant organization with similar projects and populations.</p> <p>Evidence of the capability, experience, and commitment of proposed consultants and subcontractors, including letters of commitment (attach as Appendix 2).</p> <p>A discussion of how professional staff, target population, and/or family representatives will be recruited and trained, as well as what strategies have been developed for retaining staff. Describe in-service training for staff and consumer development.</p> <p>Assign responsibilities to identified staff for specific tasks described in the implementation and evaluation plans.</p> |
|--|--|

Section D: Project Management and Staffing Plan, Equipment, Facilities, and Resources (25 Points)

Applicants must demonstrate their ability to carry out the proposed program activities in terms of staffing and management plans, by providing the following:

- | | |
|---|--|
| <p>A description of the qualifications and experience of the key personnel, including:</p> <ul style="list-style-type: none"> < Project director. < Evaluation staff. < Communications staff. < Administrative and coordination staff. < Analytic and data management staff. < Trainers. < Other key personnel. | <p>Evidence of the feasibility of accomplishing the project in terms of:</p> <ul style="list-style-type: none"> < Management plan. < Time frames. < Coverage and complementarity of skills among project staff. < Adequacy and availability of resources (e.g., staffing and collaborating agencies, facilities, equipment). <p>A description of the extent to which the staffing and management plans, project organization, and other resources are appropriate for carrying out all aspects of the proposed project.</p> <p>Evidence that the staff are reflective of or sensitive to the diversity of the target population, i.e., sensitive to age, gender, sexual orientation, race/ethnicity, and other cultural factors related to the target population, and, as appropriate, to the community to be served, including issues</p> |
|---|--|

such as:

- < Proficiency of staff at all levels of the organization in the languages and cultures of the target population.
- < Availability of interpreters and translators trained in mental health and/or substance abuse prevention/treatment issues and terminology.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address seven areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section.

This information will:

- / Reveal if the protection of participants is adequate or if more protection is needed.
- / Be considered when making funding decisions. SAMHSA will place restrictions on the use of funds until all participant protection issues are resolved.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- c Report any possible risks for people in your project.
- c State how you plan to protect them from those risks.
- c Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following seven issues must be discussed:

1. Protection of Clients and Staff from Potential Risks:

- c Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- c Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- c Describe the procedures that will be followed to minimize effects of or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- c Give plans to provide help, if needed, if there are adverse effects on participants.
- c Describe alternative treatments and procedures that might be beneficial to the subjects, where appropriate.
- c Offer reasons if you do not use other beneficial treatments.

2. Fair Selection of Participants:

- c Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background. Address other important factors, such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- c Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or persons likely to be vulnerable to HIV/AIDS.
- c Explain the reasons for including or excluding participants.

- C Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion:

- C Explain if participation in the project is voluntary or required. Identify possible reasons why it is required (e.g., court orders requiring people to participate in a program).
- C State how participants will be awarded money or gifts, if you plan to pay them, and state the anticipated amount or value of such payments.
- C State how volunteer participants will be told that they may receive services and incentives, even if they do not complete the study.

4. Data Collection:

- C Identify from whom you will collect data (e.g., participants themselves, family members, teachers, and others). Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- C Identify what, if any, type of specimen (e.g., urine, blood) will be used. State if the material will be used just for evaluation and research or for other uses. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- C Provide in Appendix 4, a section entitled "Data Collection Instruments/Interview Protocols" and include copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality:

- C Describe how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- C Describe:

- S How you will use data collection instruments.
- S Where data will be stored.
- S Who will or will not have access to information.
- S How the identity of participants will be kept private (e.g., by using a coding system on data records, limiting access to records, or storing identifiers separately from data).

NOTE: If applicable, awardees must agree to maintain the confidentiality of alcohol and drug abuse client records, according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

6. Adequate Consent Procedures:

- C List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

- C State:

- S Whether their participation is voluntary.
- S Their right to leave the project at any time without problems.
- S Risks from the project.
- S Plans to protect clients from these risks.

- C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written, informed consent.

Special Considerations and Requirements

- C Indicate whether you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- C Include sample consent forms in Appendix 5, entitled “Sample Consent Forms.” If needed, provide English translations.
- NOTE:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or may release your project or its agents from liability for negligence.
- C Describe whether separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data? Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

- C Population Inclusion Requirement
- C Government Performance Monitoring
- C Healthy People 2010
- C Consumer Bill of Rights and Responsibilities
- C Promoting Nonuse of Tobacco
- C Coordination with Other Federal/Non-Federal Programs (put documentation in Appendix 6)
- C Supplantation of Existing Funds (put documentation in Appendix 3)
- C Intergovernmental Review (E.O. 12372)
- C Public Health System Reporting Requirements
- C Confidentiality/SAMHSA Participant Protection

7. Risk/Benefit Discussion:

- C Discuss why the risks are reasonable when compared with expected benefits and importance of the knowledge from the project.

APPENDIX I: FEDERAL DEFINITION OF SERIOUS MENTAL ILLNESS

The definition of serious mental illness for the purpose of this initiative is extrapolated from the *Federal Register*, Vol. 58, No. 96, Thursday, May 20, 1993. Persons age 18 and over who meet the criteria are considered to have a serious mental illness. The definition for serious mental illness includes the following criteria:

- C Currently or at any time during the past year,
- C Have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV,
- C That resulted in functional impairment.

These disorders include any mental disorder listed in DSM-IV, with the exception of DSM-IV “V” codes, Substance-related Disorders and developmental disorders, which are excluded, unless they co-occur with other diagnosable serious emotional disturbances or serious mental illnesses. Excluded developmental disorders include Mental Retardation, Learning Disorders, Motor Skills Disorders, Communication Disorders, and Pervasive Developmental Disorders.

For adults, functional impairment is defined as difficulties that substantially interfere with or limit role functioning in one or more major life activities, including basic daily living skills (e.g., eating, bathing, dressing); instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication); and functioning in social, family, and vocational/educational contexts.

Adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition.

primary care physicians in the provision of mental health services. *Journal of the Washington Academy of Sciences*, 86 (3), 131-142.

APPENDIX II: RESOURCES

Mental Health Services for Older Adults

Gatz, M. (1995). *Emerging Issues in Mental Health and Aging*. Washington, DC: American Psychological Association.

Bierman, A. , Spector, W., and AHRQ Task Force on Aging (2001). *Improving the Health and Health Care of Older Americans*. A Report of the AHRQ Task Force on Aging. Rockville, MD: Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services. AHRQ Pub No. 01-0030.

Knight, B.G., Teri, L., Wohlford, P., & Santos, J. (1995). *Mental Health Services for Older Adults: Implications for Training and Practice in Geropsychology*. Washington, DC: American Psychological Association.

Linkins, K., Robinson, G., Karp, J., Cooper, S., Liu, J., and Bush, S. (2001). *Screening for Mental Illness in Nursing Facility Applicants: Understanding Federal Requirements*. SAMHSA Publication No. (SMA) 01-3543. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Ory, M.G., Abeles, R.P., and Lipman, P.D. (1992). *Aging, Health and Behavior*. Newbury Park, CA: Sage

Stockdill, J.W. and Ciarlo, J.A. (2000). Aging, Mental Illness, and the Frontier. *Journal of the Washington Academy of Sciences*, 86 (3), 107-115.

Geller, J.M. and Muus, K.J. (2000). The role of rural

U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General—Older Adults and Mental Health*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

U.S. Department of Health and Human Services (2001). *Report of a Surgeon General's Working Meeting on the Integration of Mental Health Services and Primary Health Care, 2000, November 30-December 1, Atlanta Georgia*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General.

U.S. Department of Health and Human Services (2001). *Older Adults and Mental Health: Issues and Opportunities*. U.S. Department of Health and Human Services, Administration on Aging.

U.S. Department of Health and Human Services (1994). *Innovative Community Based Services for Older Persons with Mental Illness*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

U.S. Department of Health and Human Services (1998). *Substance Abuse Among Older Adults: Treatment Improvement Protocol (TIP) Series 26*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

U.S. Department of Health and Human Services (2002). *Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems*. DHHS Publication No. (SMA) 02-3628. Rockville, MD: U.S.

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Substance Abuse and Mental Health Services
Administration.

Cultural Competence

Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (2000). *Cultural Competence Standards in Managed Mental Health Care Services: Four Underserved/ Underrepresented Racial/Ethnic Groups* (Document no. SMA 00-3457). Available through the Center for Mental Health Services Knowledge Exchange Network, 1-800-789-2647 or www.mentalhealth.org.

Dais, T. (1993). An analysis of transition assessment practices: Do they recognize cultural differences? In T. Dais, N. Meier-Knonick, P. Luft, and F.R. Rusch's (Eds.), *Selected Readings in Transition: Cultural Differences, Chronic Illness, and Job Matching*. Transition Research Institute at Illinois, University of Illinois at Urbana-Champaign.

U.S. Department of Health and Human Services (2001). *Mental Health: Culture, Race, and Ethnicity--A Supplement to Mental Health: A Report of the Surgeon General*. Available through the Center for Mental Health Services Knowledge Exchange Network, 1-800-789-2647 or www.mentalhealth.org.

Bazron, B.J., Dennis, K.W. and Isaacs, M.R. (1989, March). *Toward a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed*. Georgetown University Child Development Center.

Research Foundation for Mental Hygiene, Inc. (1998). *Cultural Competence Performance Measures*. NY State Office of Mental Health.

APPENDIX III: GUIDELINES FOR CONSUMER AND FAMILY PARTICIPATION

SAMHSA is committed to fostering consumer and family involvement in substance abuse and mental health policy and program development across the country. A key component of that commitment is involvement of consumers and family members in the design, development, and implementation of projects funded through SAMHSA's grants and cooperative agreements. The following guidelines are intended to promote consumer and family participation in SAMHSA grant and cooperative agreement programs.

In general, applicant organizations should have experience or a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

- **Program Mission** - The organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.
- **Program Planning** - Consumers and family members should be involved in substantial numbers in the conceptualization of initiatives, including identification of community needs, goals and objectives; identification of innovative approaches to address those needs; and development of budgets to be submitted with applications. Approaches should incorporate peer support methods.
- **Training and Staffing** – Organization staff should have substantive training in, and be familiar with, consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with

other staff.

- **Informed Consent** - Recipients of project services should be fully informed of the benefits and risks of services and allowed to make a voluntary decision, without threats or coercion, to receive or reject services at any time. SAMHSA Confidentiality and Participant Protection requirements are detailed in SAMHSA GFAs. These requirements must be addressed in SAMHSA funding applications and adhered to by SAMHSA awardees.

- **Rights Protection** - Consumers and family members must be fully informed of all rights, including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and nondiscrimination, confidentiality of health care information, complaints and appeals, and consumer responsibilities.

- **Program Administration, Governance, and Policy Determination** – Efforts should be made to hire consumers and family members in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees, and advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

- **Program Evaluation** - Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. These activities include: determining research questions, adapting/selecting data collection instruments and methodologies, conducting surveys, analyzing data, and writing/submitting journal articles.

APPENDIX IV: SAMHSA/CMHS GPRA CORE CLIENT OUTCOME MEASURES

The Government Performance and Results Act (GPRA) of 1993 (Public Law-103-62) requires all Federal departments and agencies to develop strategic plans that specify what they will accomplish over a 3 to 5-year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to “explain” their successes and failures, based on the performance monitoring data.

Therefore, SAMHSA is now accountable for demonstrating the effectiveness of all its programs through performance data. In order to support current and future funding, we need two types of response from the **National Technical Assistance Center for the Mental Health Needs of Older Adults** to meet GPRA requirements. The first is to collect performance data on the activities of the **National Technical Assistance Center**. There are no formal core GPRA measures for technical assistance centers yet developed by SAMHSA. However, you will be asked to provide your GPO with performance measures as new requirements are developed by SAMHSA. You should also plan to provide the following performance data: feedback obtained from stakeholder consensus panels about the quality and satisfaction with materials generated by the **National Technical Assistance Center** for dissemination; data on the amount of technical assistance provided; and data on

the number of programs the **National Technical Assistance Center** has helped to implement evidence-based services for older adults.

The second way in which the **National Technical Assistance Center** will help SAMHSA to meet GPRA reporting requirements is to help Targeted Capacity Expansion **Group I** awardee sites in collecting and reporting performance data. Our ability to support these awards in future years depends on the data that these sites provide and on the quality of the analysis and summary reports that the National Technical Assistance Center compiles using GPRA data from **Group I** awardees. This performance element will be carefully considered in assessing awardee performance and may have implications for future awards.

The following explains how CMHS will address the GPRA requirements for the *Targeted Capacity Expansion: Meeting the Mental Health Services Needs of Older Adults* program.

The GPRA data elements to be collected by the **Group I** sites are outlined on the following pages. These data are to be used to assess the performance of the **Group I** sites over the 3-year award period. We request that the **National Technical Assistance Center** assist the sites in meeting their obligation to gather these data at a response rate of 80% or better, and to submit these products within the specified time lines. The **National Technical Assistance Center** is responsible for using these data to conduct a cross-site evaluation of the **Group I** service programs. **Group I** sites are asked to report data on these outcomes in years 1, 2, and 3 of the current grant. The **National Technical Assistance Center** will submit annual reports and a final summary report of the GPRA cross-site evaluation.

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

**CMHS GPRA Client Outcome
Measures for Discretionary Programs**

Public reporting burden for this collection of information is estimated to average 20 minutes per response, if

all items are asked of a client. To the extent that providers already obtain much of this information as part of their ongoing client intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

A. RECORD MANAGEMENT

Client ID

Cooperative Agreement ID

Award Year
Year

Interview Date / /

Interview Type 1. INTAKE 2. 6-month follow-up 3. 12-month follow-up

B. DRUG AND ALCOHOL USE

- | | |
|--|---|
| 1. During the past 30 days, how many days have you used the following? | Number of Days |
| a. Any alcohol | <input type="text"/> <input type="text"/> |
| b. Alcohol to intoxication (5+ drinks in one sitting) | <input type="text"/> <input type="text"/> |
| c. Illegal drugs | <input type="text"/> <input type="text"/> |
| 2. During the past 30 days, how many days have you used any of the following? | Number of Days |
| a. Cocaine/Crack | <input type="text"/> <input type="text"/> |
| b. Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane] | <input type="text"/> <input type="text"/> |
| c. Heroin [Smack, H, Junk, Skag], or other opiates | <input type="text"/> <input type="text"/> |
| d. Nonprescription methadone | <input type="text"/> <input type="text"/> |

- e. Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel],
MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine],
Mushrooms, Mescaline |_|_|_|_|
- f. Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice,
Chalk, Crystal, Glass, Fire, Crank] |_|_|_|_|
- g. Benzodiazepines, barbiturates, other tranquilizers, downers, sedatives, or hypnotics [GHB,
Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K,
Vitamin K, Cat Valiums; Rohypnol, Roofies, Roche] |_|_|_|_|
- h. Inhalants [Poppers, Snappers, Rush, Whippets] |_|_|_|_|
- i. Other Drugs - Specify _____ |_|_|_|_|

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

- ☐ Shelter (safe havens, TLC, low-demand facilities, reception centers, other temporary day or evening facility)
- ☐ Street/Outdoors (sidewalk, doorway, park, public or abandoned building)
- ☐ Institution (hospital, nursing home, jail/prison)
- ☐ Housed (Own or someone else's apartment, room, house, halfway house, residential treatment)

2. During the past week, to what extent have you been experiencing difficulty in the area of:

Managing day-to-day life (e.g., getting to places on time, handling money, making every day decisions)?

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not applicable
- ☐ Refused

3. During the past week, to what extent have you been experiencing difficulty in the area of:

Household responsibilities (e.g., shopping, cooking, laundry, keeping your room clean, other chores)?

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty

- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not applicable
- ☐ Refused

4. During the past week, to what extent have you been experiencing difficulty in the area of:

Work (e.g., completing tasks, performance level, finding or keeping a job)?

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not applicable
- ☐ Refused

5. During the past week, to what extent have you been experiencing difficulty in the area of:

Leisure time or recreational activities?

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not applicable
- ☐ Refused

6. During the past week, to what extent have you been experiencing difficulty in the area of:

Developing independence or autonomy?

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not applicable
- ☐ Refused

D. EDUCATION AND EMPLOYMENT

1. Are you currently enrolled in school or a job training program? [IF ENROLLED, is it full time or part time?]

- ☐ Not enrolled
- ☐ Enrolled, full time
- ☐ Enrolled, part time
- ☐ Other (specify)_____

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

2a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

- ☐ Yes
- ☐ No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work.]

- ☐ Employed full time (35+ hours per week, or would have been)
- ☐ Employed part time
- ☐ Unemployed, looking for work
- ☐ Unemployed, disabled
- ☐ Unemployed, volunteer work
- ☐ Unemployed, retired
- ☐ Other Specify_____

E. CRIME AND CRIMINAL JUSTICE STATUS

In the past 30 days, how many times have you been arrested?

|____|____| times

F. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- ☐ Male
- ☐ Female
- ☐ Other (please specify) _____

2. Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

3. What is your race? (Select one or more)

- ☐ Black or African American ☐ Alaska Native
☐ Asian ☐ White
☐ American Indian ☐ Other (Specify) _____
☐ Native Hawaiian or other
Pacific Islander

4. What is your date of birth?

|_|_|_|_| / |_|_|_|_|_| / |_|_|_|_|_|
Month / Day / Year

